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Perceptions of health: Navajo Indians

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TISTORICALLY, the poor and ethnic II groups of color have been denied equal access to modern medicine in this country. On the other hand, they have been conditioned to reject their cultural health traditions as primitive and useless. When their cultural health traditions have been acknowledged, they have usually received a negative assessment and their beliefs have been casually dismissed as nonscientific nonsense. The reality is that, for millions of people over many years, cultural health traditions have functioned with varying degrees of effectiveness. It is time for racism to be rousted from its seat of power and for the health field to strive toward a goal of better health for all people by all necessary means. Branch and Paxton stress two steps that must be taken if a health care system is to attain maximum health for all members of society: (1) reevaluation of the impact and import of traditional health practices and systems, and (2) development of new models for educating those in the health field.2 They suggest that in

order for health care systems to effectively address the objective of achieving maximum health of health care recipients, health care providers must understand and be sensitive to the particular needs of the recipients and the characteristics of their environment.

NAVAJOS AND MODERN HEALTH CARE

Importance of primary health care

The Navajo Indians are a group who still maintain many traditional health practices within their culture. Even though they have been assimilated into the mainstream of the modern medical system, they use traditional practices in conjunction with, or instead of, modern medicine. The prevalence of Navajo traditional beliefs makes it important for health care providers to recognize that outcomes of their intervention often depend on the Navajos' attitudes toward both modern medicine and traditional practices.³

Primary health care accounts for 85 percent of all health care delivery in this country. As primary health care increasingly focuses on health maintenance and promotion instead of acute-illness care, it is the primary health care providers who are most responsible for incorporating the client's and family's health perceptions in health care delivery. Primary health care also clearly incorporates client education as one of its key strategies, consonant with the philosophy of the client as a participant in the promotion of his or her own health.⁴

Furthermore, it is a goal of primary health care to provide care on a family

basis, incorporating all aspects of the family system in care directed to the individual. The family is the backbone of the Navajo sociocultural system. The individual functions as a part of the family as a whole. For this reason, one needs to assess the whole family in determining individual health perceptions.

Navajo health perceptions include health definitions, behaviors, attitudes, beliefs, and values. Investigation of these perceptions provides information of value to health care providers dealing with Navajo health care. If providers understand Navajo health perceptions, delivery of modern health care can include appropriate adaptations according to the client's expectations; thus clients can receive full benefit of available care and a broader range of desirable options. Clients can attain a higher level of health if they receive care adapted to their expectations.

Defining health

To begin the quest for a deeper understanding of health perceptions, one may ask: What is health? The word health is derived from the old English word hoelth, meaning a condition of being safe and sound and connoting wholeness. Health is defined as the general condition of the body or mind with reference to soundness and vigor and is further characterized as hale, whole, and vital. The World Health Organization defines health as a state of complete physical, mental, and social wellbeing and not merely the absence of disease. Other definitions are opened to discussion: i.e., homeostasis, kinetic energy in balance, optimal functioning, freedom from pain, happiness, aliveness, euphoria,

eudaemonia, well-being, trim, bloom, pink, prime, well, robust, hearty, fit, hale, bouncing, strapping, able-bodied, and athletic.

Economists view health as a form of capital or wealth. Philosophers relate current thinking to that of ancient philosophers Plato, Socrates, and Galen.

Health has been perceived as a state, a process, a diagnosis, a response, and a goal. These concepts of health, each unique and varying in scope and context, convey the general meaning of health held by most health care providers and educators within the health professions. However, these concepts of health fail to appreciate varying degrees of healthfulness among those usually classified as healthy.

Attempts to develop an operational definition of health have usually been abandoned to the subjective concept of health. The definition of health depends on who is defining it.

Cultural perceptions

Health theories and definitions have been formulated within the context of Western scientific and cultural values. In the United States, studies into the perceptions of health have concentrated on the mainstream population. Therefore, the theories, the dictionaries (medical and otherwise), and the studies have conveniently put aside the values of ethnic groups of color and have ignored the cultural diversity affecting the meaning of health. It may be speculated that the perception of health of ethnic groups of color is different from mainstream society's perception of health.

The Navajos have a great, yet poorly understood, wealth of traditions and cultural customs, but as their lands have dimin-

ished, so have the old traditions. The Navajos live on approximately 25,000 square miles in the four-corners area of Arizona, New Mexico, Utah, and Colorado. The 130,000 people of the Navajo nation constitute the largest U.S. Indian tribe.

The ever-increasing Navajo population can no longer be supported by the traditional activities of sheepherding and farming. Navajo economy is increasingly dependent on the mainstream job market, e.g., government employment, mineral resource extraction, and school-related work. Higher education is more available. Improved road systems across the reservation have paved the way for tourism. Clothing is a mix of traditional and modern garments. Tradition is strongest in the primary social units where Navajo health practices are found.

As the Navajos become more assimilated into the mainstream culture, traditional patterns begin to disappear. The nuclear family—wife, husband, and their children—is becoming more prevalent. Regardless of the changes, however, the importance of the extended family as an emotional and financial supportive framework cannot be overemphasized. Poverty among the Navajos is often defined as having no relatives.

Since family structure and interaction are complex and important to the Navajos, involving the family in the delivery of

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health care is crucial. While family interaction is important, a great degree of autonomy is still given to an individual, even young children. It is common for a Navajo family to allow the child to decide on his or her own health care intervention. If the decision is reasonable, the family will act to support that decision. Thus Navajo family dynamics are extraordinarily influential in Navajo traditional religion and medicine.

Today most Navajos use some form of modern health care, whether it be over-the-counter aspirin for a fever or hospitalization and surgery for gallstones. Fuchs and Bashshur concluded in their study of urban Indians in California that there is little conflict between the use of modern health care and traditional medicine. The modern health care used is based on its effectiveness.

However, Levy and Kunitz say that this is not a change in attitude and behavior nor does it imply a change in the traditional system itself.6 These authors believe that, in spite of the fact that Navajos use modern health care, curers from neighboring tribes (such as Hopi herbalists, peyote ceremony leaders, Christian ministers, and occasionally faith healers), there has been remarkably little incorporation of foreign ideas into the Navajo traditional belief system. The belief system has remained intact because (1) the healing system is sacred, the very core of Navajo religion, and (2) the aim of healing ceremonies is to remove the causes of disease, not alleviate symptoms.' This frees the person to seek relief of symptoms by any means available to him.

The literature suggests that health is a subjective concept and is operationally ill defined. Methods to assess health status are poorly developed. Health theorists are members of mainstream society. Cultural components of health concepts have been excluded or poorly understood. Studies that have focused on cultural health perceptions, such as those of the Navajo, most often have done so from a mainstream perspective of the definition of health. How does a Navajo perceive what mainstream society understands as health?

NAVAJO IDEALS OF HEALTH

Navajo language reflects their concept of the universe being in motion; position is defined as a withdrawal from motion. When English speakers would say "on," Navajos would say "at rest"; when English speakers would say "one dresses," Navajos would say "one moves into clothing." Parallels to this linguistic reflection of the universe in motion are found in many aspects of the Navajo culture. In Navajo mythology, spirits and culture heroes restlessly move from one place to another, seeking by their motion to perfect the universe. By keeping this concept of continual motion in mind, one can better understand Navajo health perceptions.

Health definitions

It is difficult, if not impossible, to ask Navajos to define health. Most Navajos admit that they have never really thought about the definition of health before. As they define health, they focus on the world surrounding them.

Some define health with a Navajo sentence meaning "my surroundings are good with me," or "it is good within my surroundings." Surroundings and it mean the

environment one interacts with, i.e., weather, nature, plants, animals, people, the situation, strength, and supernatural forces. This conceptualization is the essence of Navajo health.

When defining health in reference to oneself only, the Navajo says, "It is good within me," or "I feel good." Me refers to one's body, mind, and soul. The Navajo can also define health as shanah, which means courage and strength, or by saying the sentence, "Doo baah tééh da," which literally translates into English as "not alongside or beside deep water." Tééh means "into deep water" and refers to a deep body of water, such as a pit, that attracts animals which, having descended to drink, cannot extricate themselves because of the steep sides. One of the mythological monsters in Navajo legend, a hippopotamus-like creature, lived in a deep water hole and grabbed animals and people who attempted to draw water from the hole. The Navajo emphatic negative is dooda and is split when negating a statement. Navajo health, therefore, can be interpreted as, or compared with, a state of not being vulnerable to threatening situations.

The primary Navajo greeting is a sentence meaning "it is good." The Navajo goodbye can be translated as "it is finished well," or "well, all right." If two people meet, one may also say, "It is not good," thus informing the other that he or she is not in harmony with himself or herself or the surroundings.

One Navajo woman explained that, after returning home to recover from abdominal surgery, she would say to people, "Tánashá," and explained this in English as "not being able to lift heavy objects or do hard work." This is also defined as "going from place to place visiting." "I'm going from place to place visiting (much as the mythical heroes did) since I'm returning back to health and cannot do my work."

Most of the Navajo sentences contain the word good. Good is defined as something that possesses favorable or desirable qualities, promotes success, prosperity, welfare, or happiness, is beneficial, or is perceived as fitting into the moral order of the universe. Synonyms for good are: agreeable, pleasant, attractive, beautiful, wholesome, satisfactory, and sufficient. This suggests that when Navajo language was first being translated into English, the word good denoted the Navajo concept of health.

The notion of health meaning goodness is found in the interpretation of the Navajo Beautyway or Blessingway Healing Ceremony. These ceremonies promote everlasting harmony or perfection, as far as it is attainable by humans—the end toward which not only humans but also supernatural forces, time, motion, institutions, and behavior strive. This perhaps is the utmost human achievement. These ceremonials strive to establish a good, perfect, or beautiful state of affairs for the person being treated, for humankind, and for the universe. Navajos include in their health concept not only a perfect body and mind but also harmony with their surrounding environment.

Health behavior, beliefs, values, and attitudes

Behaviors reflect values, attitudes, and beliefs that stress essential components of Navajo health: inseparability of religion and health, the need to be in harmony with the surrounding environment, family unity, importance of knowledge and education, and responsibility for one's own and others' life styles. The Navajo perception of health is not limited to the physical body but includes complete concordance with one's family, environment, livestock, supernatural forces, and community as well. Even though the traditional Navajo value system is being diluted by values of the mainstream society, inevitable value changes do not change this basic concept of Navajo health.

Inseparability of religion and health

Being in harmony with supernatural forces is a necessary dimension of spiritual health. Iverson notes that literature on the Navajo abounds with descriptions of Navajo attitudes toward health and healing as the central goal of Navajo religion. He says health and religion cannot be separated within the Navajo world.⁸ This linkage exists whether it be between traditional religion and healing ceremonies or Christianity and modern health care.

Sometimes it may be difficult to determine whether Navajos truly abandon as much of the traditional philosophy as they depict. They speak of witchcraft or evil spirits affecting one's well-being. A Navajo man claimed another man tried to put a curse on him once. In fact, witchcraft is a topic of many discussions with Navajos.

Witchcraft has always been a big part of Navajo culture. When discussing health, the topic comes up often. Several accounts have been given of people in a community being bewitched and of witches living in the area. Some of these accounts have been the storytellers' own experiences.

Kluckhohn says that when witchcraft is considered to be the cause of an illness, special ceremonies are employed to rid the individual of the evil caused by witches. Witchcraft provides a mechanism for laying blame for the overwhelming hardships and anxieties of life.

A mother demonstrated how to make cornmeal mash. She was using two bamboo sticks to stir the mash. Burned cedar ashes were sprinkled into the mash to enhance the blue color and give it a good, spicy taste. She took the two sticks out of the big pot of mash cooking on the butane stove, smiled and said, "This is a Navajo tradition." She then waved the sticks outdoors into the wind while she said a prayer of thanks for the mash her family would eat.

The Squaw Dance or Enemy Way is given for a person who has been to war or who has had bad dreams. This person is referred to as the patient and undergoes treatment from the medicine man. The affair lasts three days, each day in a different place. Many activities are connected to this healing rite, but the one best known to the visitor is the Squaw Dance itself, during which a girl chooses a man to dance with her to the accompaniment of singing and drumming.

Harmony with surrounding environment

A traditional native American belief is that health reflects living in total harmony with nature and having the ability to survive under exceedingly difficult circumstances. Humankind has an intimate relationship with nature. Boyd says Indians consider the earth to be a living organism or the body of a higher individual, with a

will and desire to be well.¹⁰ He says a person should treat his body with respect, just as he should treat the earth with respect. When people harm themselves they harm the earth. The earth gives food, shelter, and medicine to humankind, and, for this reason, all things of the earth belong to human beings and nature. The land belongs to life, life belongs to the land, and the land belongs to itself. In order to maintain themselves, the Indians maintain their relationship with nature.

This ideal is slowly disappearing among many Indian peoples. Years of historical exploitation have frustrated them until they no longer carry respect for the earth as their ancestors did.

One Navajo man summarized his belief by saying, "Navajo way teaches that you should always look behind you when you go somewhere. Always look back where you have been because it looks different coming back. Don't be vulnerable. Before you step into a building look for anything that might fall on your head." He then applied this idea to life experiences in general. He believed that one should know the environment, or surroundings, because one is a part of it. Optimal, positive interaction with the environment is the Indian's traditional way of life.

Family unity

Family unity is absolutely essential to an individual's total health. Family is a kinship-structured unit, related by blood, marriage, cohabitation, or adoption. It is sustained through constant physical and psychosocial contact, through interacting and carrying out life functions.¹¹ The family is the backbone of the Navajo sociocultural system.

Knowledge and education

Acquisition of knowledge by formal education and social learning enhances one's prosperity and self-esteem. The ability to make rational, informed decisions provides more life opportunities, better nutrition, access to necessary long-distance transportation, and more desirable health care options.

Responsibility for life style

Accepting responsibility for one's own actions and decisions is enculturated in children at a very early age and is reinforced by task expectations and unavoidable, minimal supervision.

IMPLICATIONS FOR NURSING

Because of their value system, Navajo families who have been, to a considerable degree, exposed to mainstream society perceive health as a total psychophysio-socio-cultural-spiritual well-being in relation to one's surrounding environment.

When in harmony with the surrounding environment, they obtain a sense of assurance of physical, social, psychological, and spiritual health. The surrounding environment refers to an individual's interactions with other people, animals, plants, nature, weather, the situation, and supernatural forces.

It is recommended that primary health care providers consider the family system when assessing health status of a Navajo client, evaluate the client's traditional or Christian religious beliefs, evaluate the client's surrounding environment, and encourage the client's family to share the responsibility for health attainment and maintenance, illness prevention, and rehabilitation.

REFERENCES

- Branch, M.F., and Paxton, P.P. Providing Safe Nursing Care for Ethnic People of Color. New York: Appleton-Century-Crofts, 1976.
- 2. Ibid., 16.
- 3. Levy, J., and Kunitz, S. "Navajos." In *Ethnicity and Medical Care*, edited by A. Harwood. Cambridge, Mass.: Harvard University Press, 1981.
- 4. Igoe, J.B. "Nurse Practitioners in Primary Health Care Systems." In *Patterns for Distribution of Patient Education*, edited by B.K. Redman. New York: Appleton-Century-Crofts, 1981.
- 5. Fuchs, M., and Bashshur, R. "Use of Traditional

- Indian Medicine Among Urban Native Americans." Medical Care 13, no. 11 (1975): 927.
- 6. Levy and Kunitz, "Navajos."
- 7. Ibid., 29-30.
- 8. Iverson, P. The Navajos—A Critical Bibliography. Bloomington: Indiana University Press, 1976.
- 9. Kluckholn, C. Navajo Witchcraft. Boston: Beacon Press, 1967.
- 10. Boyd, D. Rolling Thunder. New York: Random House, 1974.
- 11. Miller, J., and Janosik, E. Family-Focused Care. New York: McGraw-Hill, 1980.